PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

RPS6043D1 Attorney Docket No. Kenneth Heath First Inventor APPARATUS FOR MAKING EMBOSSED BLISTER PACK EL 867966137 US

Express Mail Label No. (Only for new nonprovisional applications under 37 CFR 1.53(b)) Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: Box Patent Application Washington, DC 20231 See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table on (Submit an original and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission 2. See 37 CFR 1.27. (if applicable, all necessary) Specification [Total Pages Computer Readable Form (CRF) (preferred arrangement set forth below) - Descriptive title of the invention Specification Sequence Listing on: - Cross Reference to Related Applications CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) Assignment Papers (cover sheet & document(s))
47 CFR 3.73(b) Statement Power of - Detailed Description - Claim(s) 10 - Abstract of the Disclosure Attorney (when there is an assignee) English Translation Document (if applicable) [Total Sheets 1 Drawing(s) (35 U.S.C. 113) Information Disclosure Copies of IDS 12. Citations [Total Pages Oath or Declaration Statement (IDS)/PTO-1449 ij 13. Preliminary Amendment Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) 1 Return Receipt Postcard (MPEP 503) b. (for continuation/divisional with Box 18 completed) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** 15. Signed statement attached deleting inventor(s) Nonpublication Request under 35 U.S.C. 122 named in the prior application, see 37 CFR 16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35 1.63(d)(2) and 1.33(b). or its equivalent replacement pgi claim page. Application Data Sheet. See 37 CFR 1.76 Other: 17. V copy of prior application y drawings 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: 09, 549,127 of prior application No. 1 Divisional Continuation-in-part (CIP) Continuation Examiner: Leo B. Tentoni Group Art Unit: Prior application information: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS 1 Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here). Andrew G. Rozycki Name Cardinal Health, Inc. 7000 Cardinal Place Address Dublin Ohio 43017 State Zip Code City (614) 757-2243 (614) 757-7413 **United States** Fax Telephone Country Andrew G. Rozycki 36,406 Registration No. (Attorney/Agent) Name (Print/Type) 02/13/2002 Date Signature

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PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	740.00

Complete if Known							
Application Number							
Filing Date	02/13/2002						
First Named Inventor	Kenneth Heath						
Examiner Name	Leo B. Tentoni						
Group Art Unit	1798						
Attorney Docket No.	RPS6043D1						

1	METHOD OF PAYMENT				FEE CALCULATION (continued)								
ſ	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:					3. ADDITIONAL FEES							
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١		Acco	ount	50-	0256				Enti	ty Fee	Entit Fee	•	Ess Dald
ı		Num						Fee Code			е (\$)	Fee Description	Fee Paid
		Depo Acco Nar	ount	Ca	raina	al Health, Inc.		105	130	205	65	Surcharge - late filing fee or oath	
١			Charg		Additiona R 1 16 ai	I Fee Required		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
ı		\Box						139	130	139	130	Non-English specification	
ļ		Applicant claims small entity status. See 37 CFR 1 27 Payment Enclosed:						147	2,520	147	2,520	For filing a request for ex parte reexamination	
I	2.							112	920*	112	920*	Requesting publication of SIR prior to	
					Cre	dit card Money Order						Examiner action	
Ì	FEE CALCULATION							113	1,840*	113	1,840	Requesting publication of SIR after Examiner action	
Í	1.	BASIC FILING FEE						115	110	215	55	Extension for reply within first month	
ı	•				all Enti			116	400	216	200	Extension for reply within second month	
Į,			Fee le (\$)		e Fee de (\$)	Fee Description	Fee Paid	117	920	217	460	Extension for reply within third month	
I			740		370	Utility filing fee	740.00	118	1,440	218	720	Extension for reply within fourth month	
1			330	206		Design filing fee	740.00	128	1,960	228	980	Extension for reply within fifth month	
ı		107	510	207	255	Plant filing fee		119	320	219	160	Notice of Appeal	
ı		108		208		Reissue filing fee		120	320	220	160	Filing a brief in support of an appeal	
١		114		214		Provisional filing fee		121	280	221	140	Request for oral hearing	
١							740.00	138	1,510	138	1,510	Petition to institute a public use proceeding	
		SUBTOTAL (1) (\$) 740.00						140	110	240	55	Petition to revive - unavoidable	
١	2. EXTRA CLAIM FEES						£	141	1,280	241	640	Petition to revive - unintentional	
ı							Fee from ims <u>below</u> <u>Fee Paid</u>	142	1,280	242	640	Utility issue fee (or reissue)	
١		al Claims 3 -20** = 0 X =						143	460	243	230	Design issue fee	
١	Independent 1 - 3** = 0 X					144	620	244	310	Plant issue fee			
١	Multiple Dependent				122	130	122	130	Petitions to the Commissioner				
i					123	50	123	50	Processing fee under 37 CFR 1.17(q)				
I	Large Entity Small Entity Fee Fee Fee Fee Description			126	180	126	180	Submission of Information Disclosure Stmt					
I	(Code 103		Code 203		Claims in excess of 20)	581	40	581	40	Recording each patent assignment per property (times number of properties)	
١		102	84	202	42	Independent claims in		146	740	246	370	Filing a submission after final rejection	1
ı			280	204	140	Multiple dependent cla						(37 ČFR § 1.129(a))	
		109	84	209	42	** Reissue independe over original patent	nt claims	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
	1	110	18	210	9	** Reissue claims in e	xcess of 20	179	740	279	370	Request for Continued Examination (RCE)	
						and over original pa	tent	169	900	169	900	Request for expedited examination of a design application	
	SUBTOTAL (2) (\$) 0.00				Other fee (specify)								
I	*	*or nu	umber	previo		id, if greater; For Reissi	ues, see above	*Red	uced b	y Bas	c Filing	Fee Paid SUBTOTAL (3) (\$)	0.00

SUBMITTED BY		Complete	(if applicable)		
Name (Print/Type)	Andrew G. Rozycki	Registration No. 36,406 (Attorney/Agent)	Telephone	(614) 757-7413	
Signature	Sulley Little	:•	Date	02/13/2002	

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